PTO/SB/08a (08-03) Approved for use through 07/31/2008. OMB 0651-0031

Substitute for	form 1449/PTO		to a collection of information unless it contains a valid OMB control number Complete If Known	
		Application Number	10/781,304	
	FORMATION DISCLOSURE ATEMENT BY APPLICANT	Filing Date	February 18, 2004	
STATEMENT BY APPLICANT		First Named Inventor	PFEIFER et al.	
		Art Unit	1733	
(use as man sheets as necessary)		Examiner Name		
Sheet	of	Attorney Docket No.	3926.067	
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Examiner initials*	Cite No.1	Document Number  Number-Kind Code <sup>2 pr Known</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature Date Considered 1/17

EXAMINER: Initial if reference considered, whether or not plation is in conformance with MPEP 609. Draw line through citizion if not in conformance and not considered induce copy of this form with next confrontation to applicant. I Applicant's unique clastion designation number (optional). 2 see Kinds Codes of USPT O Patent Documents at www.spip oby or MPEP 6010.4.3 Either Office that issued the document, be the voletter code (VEPP 6010.4.3 Either Office that issued the document, be the voletter code (VEPP 6010.4.3 Either Office that issued the document to the vertical or the part of the